

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 00-48	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

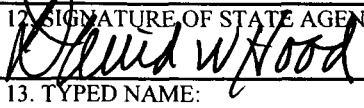
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 4901 of the Balanced Budget Act of 1997	7. FEDERAL BUDGET IMPACT: a. FFY 2001 \$ 12,985.22 b. FFY 2002 \$25,738.27
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 23d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 99-08)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to indicate that the maximum family income level for LaCHIP eligibility will be increased from 150% to 200% of the Federal Poverty Level.**

11. GOVERNOR'S REVIEW (Check One):

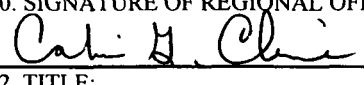
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: November 29, 2000	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-16-00	18. DATE APPROVED: MAY 21, 2001 January 22, 2001
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2001	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Calvin G. Cline	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

Citation

Groups Covered

Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty level.

The following reasonable classifications of children described above who are under age 19 (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-06-00</u>	
DATE APP'D <u>05-21-01</u>	
DATE EFF <u>01-01-01</u>	
HCFA 179 <u>LA 00-48</u>	

1902(e)(12) of the Act

X 1902. 22.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act

12/1. 23.

Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to see

SUPERSEDES: TN - LA 99-08

TN No. LA 00-48 Approval Date 5/21/01 Effective Date 01/01/01

99-08